SUGAR-SALEM SCHOOL DISTRICT No. 322 STUDENT HEALTH/PHYSICAL SCREENINGS POLICY #3500 FORM



STUDENTS 3500F

Notice of Health Services

[NOTE: This form is to be provided to students' parents/guardians at the beginning of each school year.]

Dear parent or guardian,

The purpose of this form and the attached copy of the District's policy on Student Health/Physical Screenings/Examinations is to provide notice of all health services offered or made available through at the school by the District or by any private organizations and to provide notice of the District's policy on physical examinations and screening of students.

This year, the District will provide the following, as appropriate and in accordance with District policy:

- 1. Preventative health and wellness services and screenings as described in Policies 2415 and 3500;
- 2. Administering or assisting of the administration of medication as described in Policy 3510.
- 3. First aid and emergency care as described in Policy 3540; and
- 4. Appropriate management of all health conditions with parental consent.

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Health Service or Exam	Approximate Date	Initial to Indicate Permission to Conduct the Health Service or
		Exam
e District will provide the following add adent's parent opts out:	litional health services or e	examinations unless the
Health Service or Exam	Approximate Date	want your child to
Health Service or Exam	Approximate Date	want your child to receive this health service
Health Service or Exam	Approximate Date	want your child to receive this health servic or exam.
Health Service or Exam	Approximate Date	receive this health servic or exam. Opt Out:
Health Service or Exam	Approximate Date	want your child to receive this health service or exam. Opt Out: Opt Out:
Health Service or Exam	Approximate Date	want your child to receive this health service or exam. Opt Out: Opt Out:
	Approximate Date	want your child to receive this health servic or exam. Opt Out: Opt Out:
Health Service or Exam Student Name	Approximate Date	want your child to receive this health servic or exam. Opt Out: Opt Out:

Parent Name